

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31235**

10. 48

FILED OCT 6 - 1953

BIRTH NO. _____		REG. DIST. NO. <b>59</b>		PRIMARY REG. DIST. NO. <b>4097</b>		Registrar's No. <b>142</b>	
1. PLACE OF DEATH a. COUNTY <b>Cass</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Harrisonville</b>		c. LENGTH OF STAY (in this place) <b>8 weeks</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Harrisonville</b>		0191	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>205 West Wall St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>HOMER</b>		b. (Middle) <b>Judy</b>		c. (Last) <b>CLARK</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 27 1953</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>May 23, 1883</b>	
9. AGE (In years, last birthday) <b>70</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Banker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Allen Brick Co</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>East Lynn, Mo.</b>	
12. CITIZEN OF COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>FRANK H. CLARK</b>		13b. MOTHER'S MAIDEN NAME <b>Theresa Judy</b>		14. NAME OF HUSBAND OR WIFE <b>Frankie V. Clark</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>486-07-0750</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>S. A. Waldridge - Harrisonville Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL HEMORRHAGE</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 mos</b>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CEREBRAL ARTERIAL SCLEROSIS</b>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>OVERWORK + STRESS</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331 X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>6 19 1953</b> , to <b>9 27 1953</b> , that I last saw the deceased alive on <b>9-26 1953</b> , and that death occurred at <b>5:00 Pm.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>David S. Heng M.D.</b>				23b. ADDRESS <b>Harrisonville Mo</b>		23c. DATE SIGNED <b>9/29-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Sept 29-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Orient Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Harrisonville Mo</b>	
DATE REC'D BY LOCAL REG. <b>Sept 29 1953</b>		REGISTRAR'S SIGNATURE <b>Dora Barwood</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Barwood</b>		ADDRESS <b>Harrisonville Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

EXPIRES 1919

RECEIVED  
OCT 3 1914  
CASS COUNTY  
HEALTH DEPARTMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed James R. Phillips  
Licensed Embalmer No. 4641

P. O. Address Harrisonville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.